

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
JUL 10 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0058
Date:	7-13-17
Amount Paid:	84 7-10-17
Refund:	84 7-10-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	KARPIS FAMILY TRUST	Mailing Address:	26990 N PRATT	City/State/Zip:	BAYFIELD WI 54814	Telephone:	406-934-1765	
Address of Property:	26990 N-PRATT RD	City/State/Zip:	BAYFIELD	WI	54814	Cell Phone:	715-209-4944	
Contractor:	NONE	Contractor Phone:	N/A	Plumber:	N/A	Plumber Phone:	N/A	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	JTP KARPIS	Agent Phone:	715-209-4944	Agent Mailing Address (include City/State/Zip):	26990 N-PRATT RD	Written Authorization Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION	SE 1/4, SE 1/4	Legal Description: (Use Tax Statement)	5112			Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R 58371	
Section	05	Township	50	N. Range	05	W	Town of:	BAYFIELD
Distance Structure is from Shoreline:	feet		Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Non-Shoreland
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Value at Time of Completion * include donated time & material	\$28000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: 56	Width: 30	Height: 19
Proposed Construction:	Length: 56	Width: 30	Height: 19

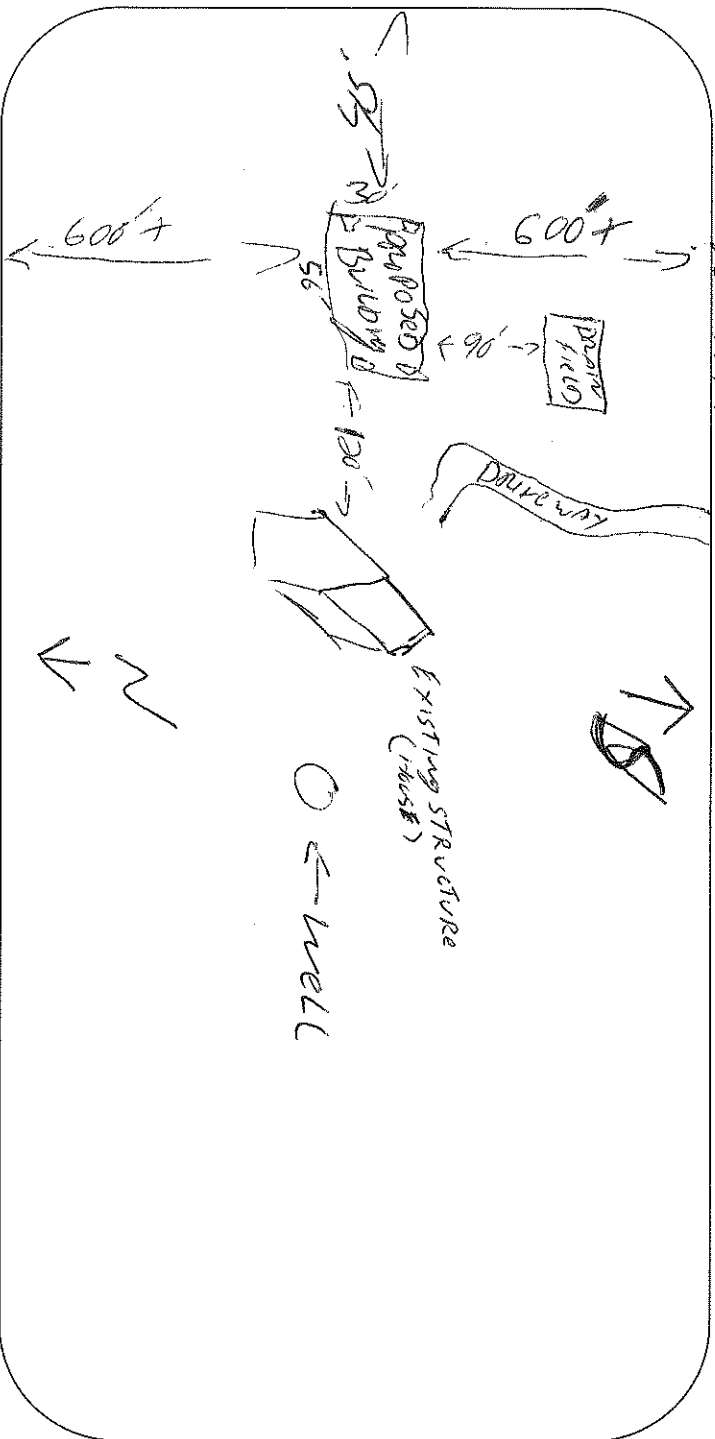
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(X)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	with (2 nd) Deck	(X)	
<input type="checkbox"/> Municipal Use	with Attached Garage	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Rec'd for Issuance	Accessory Building Addition/Alteration (specify)	Accessory Building	(X)	
JUL 12 2017	Special Use: (explain)	Conditional Use: (explain)	(X)	
Secretarial Staff	Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JTP KARPIS
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) for authorization must accompany this application)
Authorized Agent: JTP KARPIS
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 26990 N-PRATT RD BAYFIELD WI 54814
Date: 7-9-17
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(2) Show / Indicate:
(3) Show Location of (*): All Existing Structures on your Property
(4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	660 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	660 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	660 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	145 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	90 Feet	Setback to Well	300 Feet
Setback to Drain Field	90 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0858		Permit Date: 2-13-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Used/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: N/A	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: ATF Barn. Project location appears to be Code Compliant OK to issue LU permit.		Zoning District (AS1) Lakes Classification (—)		
Date of Inspection: 7/11/2017		Inspected by: Robert Schirman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.) Not to be used for human habitation.				
Signature of Inspector: [Signature]		Date of Approval: 7/11/2017		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____

City, Village, State or Federal
Permits May Also Be Required
After – the- Fact

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0258** Issued To: **Korpi Family Trust**

Location: **SE** ¼ of **SE** ¼ Section **5** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [- Story; Pole Building (56' x 30') = 1,680 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 13, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 10 2017

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Permit #:	17-02862
Date:	2-14-17
Amount Paid:	150 210-17
Refund:	

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: KOERT SCHLACK	Mailing Address: 10232 Deerwood Ln.	City/State/Zip: FRANKLIN, WI. 53132	Telephone: (414) 529-0775
Address of Property: 25762 HWY 13, BAY TOWNSHIP	City/State/Zip: BAYFIELD, WI. 54814	Cell Phone: (414) 467-0566	
Contractor: LIPKA CONSTRUCTION, INC.	Contractor Phone: (715) 292-1192	Plumber: BAKEMAN P & H	Plumber Phone: (715) 682-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Stephen G. Schuchnagel, Architect	Agent Phone: (715) 201-6372	Agent Mailing Address (include City/State/Zip): 803 Lake Shore Dr. W. Ashland, WI 54806	Attached Authorization <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SE NE 1/4, NESE 1/4	Legal Description: (Use Tax Statement) 04006251051 910 4000 5000	Tax ID# (4-5 digits): 04006251051 910 4000 5000	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R: _____
Section 14 , Township S1 N, Range 05 W	Town of: Bayfield	Lot Size	Acres: 5.01

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline: 270 ft N / 216' E feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 8,640.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HIGHCOTTS TRAIL	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	()	()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()	()
<input checked="" type="checkbox"/> Residential Use	with Loft	()	()
	with a Porch	()	()
	with (2nd) Porch	()	()
	with a Deck	()	()
	with (2nd) Deck	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) 24' x 10' ft. GARAGE	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (I/we) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) am (are) responsible for the detail and accuracy of all information. (I/we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on this information. (I/we) am (are) providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Stephen G. Schuchnagel** Date **7/7/17**
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: **Stephen G. Schuchnagel** Date **7/7/17**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit **c/o CES DESIGN & ENGINEERING, INC. 803 Lake Shore Dr. West Ashland, WI. 54806**
Copy of Tax Statement

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE THE ATTACHED DRAWING
SHEET A-2, PREPARED BY
C & S DESIGN & ENGINEERING, INC
DATED 7/9/17 ... REVISED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	45 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	270' N / 216' E Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	85 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	88 Feet	Setback to Well	96 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	42 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

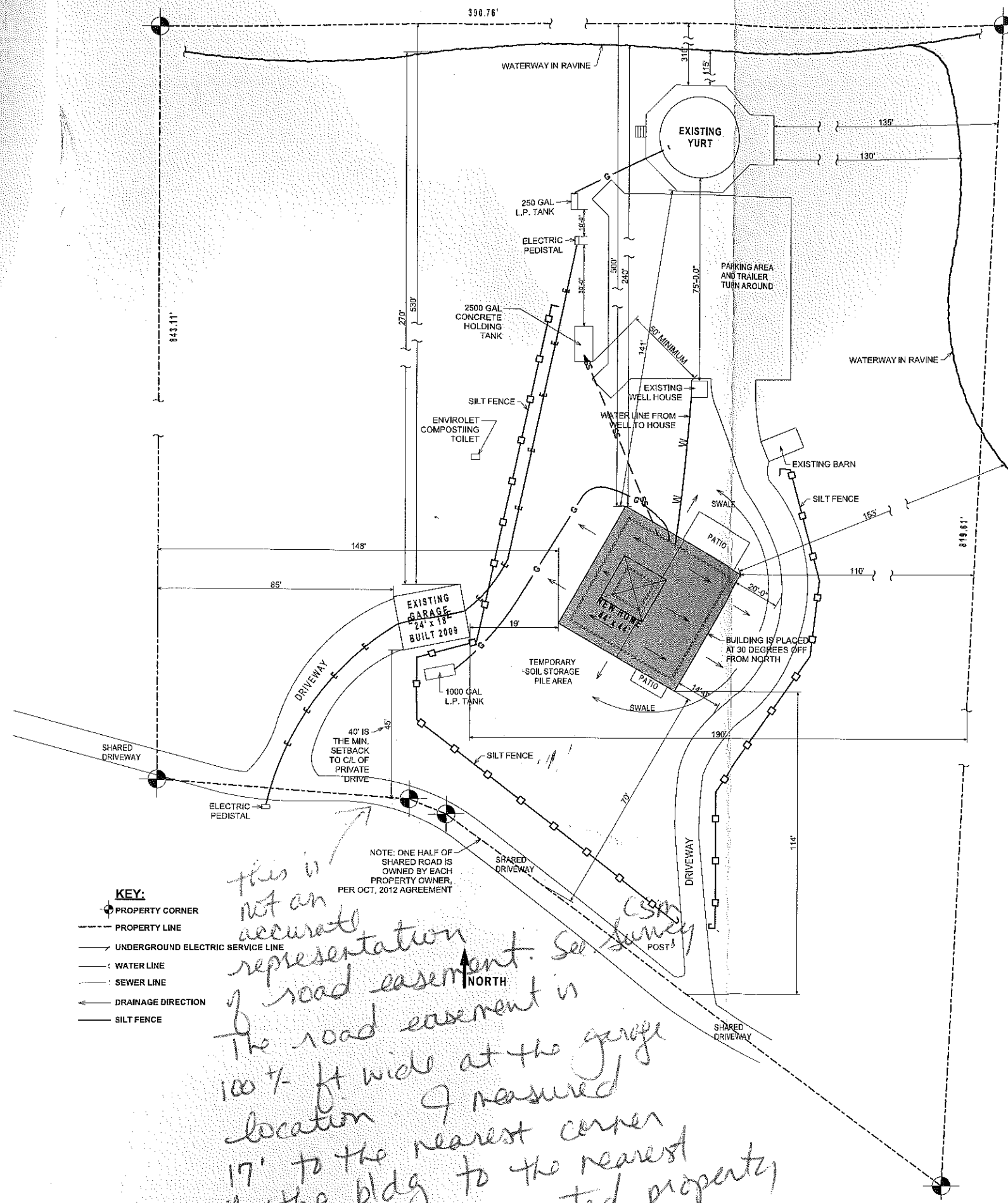
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of bedrooms: <u>1</u>	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>17-0868</u>	Permit Date: <u>7-14-17</u>	See ISS rules w/ new laws				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATTN	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record: <u>surveys marked found - property line marked</u>						
Date of Inspection: <u>7-13-17</u>	Inspected by: <u>J. McNEELY</u>					
Conditions(s): Town, Committee or Board Conditions Attached? <u>Yes</u> <input type="checkbox"/> No - (If No they need to be attached.)		Zoning District (F-1)				
<u>Building shall not be used for sleeping purposes &/or thru-a habitation as this shall not contain indoor plumbing fixtures w/ connection to PRESSURIZED WATER SOURCE</u>		Lakes Classification (3 stream/creek)				
Signature of Inspector: <u>[Signature]</u>		Date of Re-Inspection: <u>7-14-17</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>7-14-17</u>		



ZONING: F-1

APPROXIMATE DISTANCE NOTES:

- N.E. corner of new home to electrical pedestal = 125' due N.
- N.E. corner of new home to holding tank tank (to be removed) = 80' due N.
- N.E. corner to barn = 65' N. 60' E.
- N.E. corner to water well = 62' N. 10' E.
- N.E. corner to driveway = 39' due E.
- S.E. corner to left gate post at front of drive = 92' due south

PROPOSED NEW HOME FOR:
ROBERT SCHLACK
25762 Highway 13, BAYFIELD TOWNSHIP, BAYFIELD, WI 54814

SITE PLAN

CS Design & Engineering, Inc.
803 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone (715) 682-0330
Fax (715) 682-4308
E-Mail: csdesign@csdesign.net
www.csdesignengineering.com

APPROVED:

REVISIONS:

REVISED: 7/9/17

DESIGNED:

S.G.S.

DRAWN:

B.J.H.

SCALE:

AS NOTED

DATE:

JUNE 2017

PROJECT NO.

16-3068

SHEET NO.

A-2

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own, City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0262** Issued To: **Robert Schlack**

Par in SE NE &

Location: **NE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Garage (24' x 18') = 432 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for sleeping purposes and/or human habitation and shall not contain indoor plumbing fixtures with connection to pressurized water source.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
Bayfield County Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DECEIVED
JUL 10 2017
Bayfield Co Zoning Dept

Permit #: 17-08263
Date: 7-14-17
Amount Paid: \$29 7-10-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Robert Schlack		Mailing Address:	10232 Deerwood Ln. Franklin, WI. 53132		City/State/Zip:	Franklin, WI. 53132	
Address of Property:	25762 Hwy 13, Bayfield Township		City/State/Zip:	Bayfield, WI. 54814		Telephone:	(414) 529-8775	
Contractor:	LIPKA Construction, Inc		Contractor Phone:	(715) 292-1192		Plumber:	Blakeman P&H	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Stephen G. Schaufhaegel, Architect		Agent Phone:	(715) 209-6372		Agent Mailing Address (include City/State/Zip):	803 Lake Shore Dr. W. Ashland, WI. 54806	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)		040062510519104000 50000		Recorded Deed (i.e. # assigned by Register of Deeds)	Document #: _____ R. _____	
SE NE 1/4, NE SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size
Section 19, Township 51 N, Range 05 W								Acres
								5.81
<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If Yes--continue →		Distance Structure is from Shoreline: 115 ft. N / 130 ft. E		Is Property in Floodplain Zone?		Are Wetlands Present?
	If Yes--continue →		Distance Structure is from Shoreline: _____ feet		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
5 44 443,000.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Holding Tank</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Change in use.	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X ()	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Change use to non-habitable structure</u>		() X ()	767 sq. ft.
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input type="checkbox"/> Other: (explain) _____		() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert Schlack Date: 7/7/17
(if there are Multiple Owners, listed on the permit All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature] Date: 7/7/17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: c/o CAS Design & Engineering, Inc. 803 Lake Shore Dr. West Ashland, WI. 54806
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE THE ATTACHED DRAWING
SHEET A-2, PREPARED BY
C8S DESIGN & ENGINEERING, INC
DATED 7/9/17... REVISED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	299 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	115 ft. No 130 ft. Feet
Setback from the North Lot Line	310 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	299 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	168 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	75 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	138 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

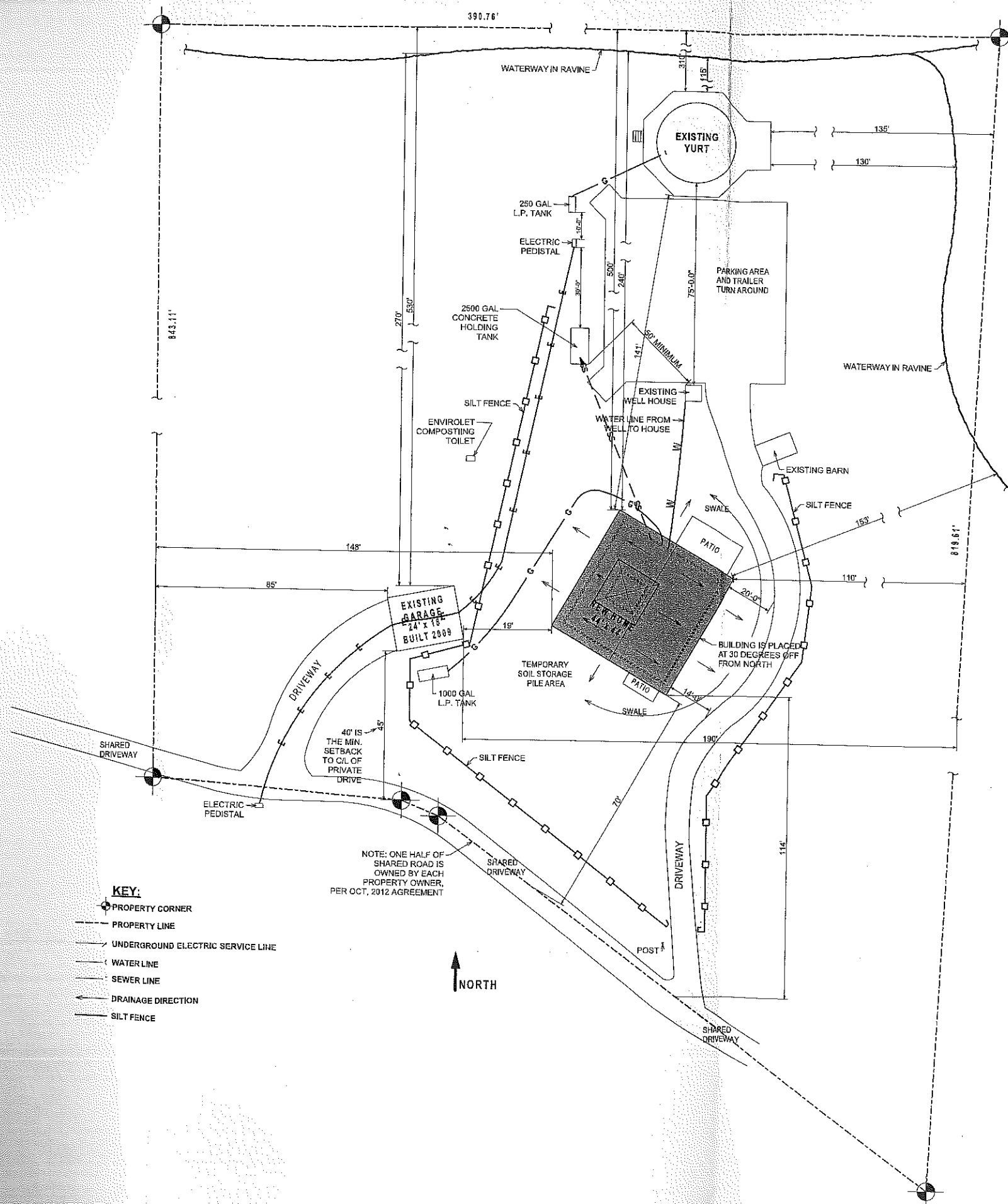
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	17-0363	Permit Date:	7-14-17	SEE ITS CODES w/notes
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by:	Inspected by:	
Inspection Record:	application for yurt (class A) don't know why. original not shown on original			
Date of Inspection:	7-14 + 7-16-17	Inspected by:	1C MUEPFF	Date of Re-Inspection:
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)			
BUILDING SHALL NOT BE USED FOR HUMAN HABITATION, INCLUDING PROVIDING FOR SLEEPING IN THE STRUCTURE, AND SHALL BE REMOVED. BUILDING SHALL NOT BE CONNECTED TO PRESSURIZED WATER SOURCE w/o PERMITTED CONNECTION TO PUMPS				
Signature of Inspector:	Date of Approval: 7-14-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



ZONING: F-1

APPROXIMATE DISTANCE NOTES:

- N.E. corner of new home to electrical pedestal = 125' due N.
- N.E. corner of new home to holding tank tank (to be removed) = 80' due N.
- N.E. corner to barn = 65' N. 60' E.
- N.E. corner to water well = 62' N. 10' E.
- N.E. corner to driveway = 39' due E.
- S.E. corner to left gate post at front of drive = 92' due south

SITE PLAN
SCALE: 1" = 20'

PROPOSED NEW HOME FOR:

ROBERT SCHLACK

25762 Highway 13, BAYFIELD TOWNSHIP, BAYFIELD, WI 54814

SITE PLAN

& S Design & Engineering, Inc.

803 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone (715) 689-0330
Fax (715) 682-4303
E-Mail: csdesign@nls.net
www.csdesignengineering.com

APPROVED:

REVISIONS:

REVISED: 7/9/17

DESIGNED: S.G.S

DRAWN: B.J.H.

SCALE: AS NOTED

DATE: JUNE 2017

PROJECT NO.

16-3068

SHEET NO.

A-2

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PRINTED: 7/9/2017

own, City, Village, State or Federal
permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0263** Issued To: **Robert Schlack**

Par in **SE NE &**

Location: **NE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Change use of yurt to non-habitable structure = 707 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation including providing for sleeping in the structure. Bed shall be removed. Building shall not be connected to pressurized water source without permitted connection to POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUN 22 2017
ENTERED
ATF

Permit #:	17-0824
Date:	7-14-17
Amount Paid:	855 60317
Refund:	855 74017 #100 7-10-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Robert Schlack	Mailing Address: 10232 Deermood Ln Franklin, WI	City/State/Zip: Franklin, WI	Telephone:
Address of Property: 25762 Hwy 13, Bayfield Township		City/State/Zip:	Cell Phone:
Contractor: Lipka Construction, Inc.	Contractor Phone: 715 685 0855	Plumber: Blakeman Plumbing & Heating	Plumber Phone: 715 682 6050
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4		PIN: (23 digits) 04-006251051910400030000	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____		Subdivision:	
Section 19 , Township S1 N, Range 05 W		Town of: Bayfield	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 285,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: 300gal concrete holding tank	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 44'	Width: 44'	Height: 23'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
	<input type="checkbox"/> with Loft	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/>	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	<input type="checkbox"/>	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the legal and accuracy of all information I (we) and (are) provided and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert Schlack
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

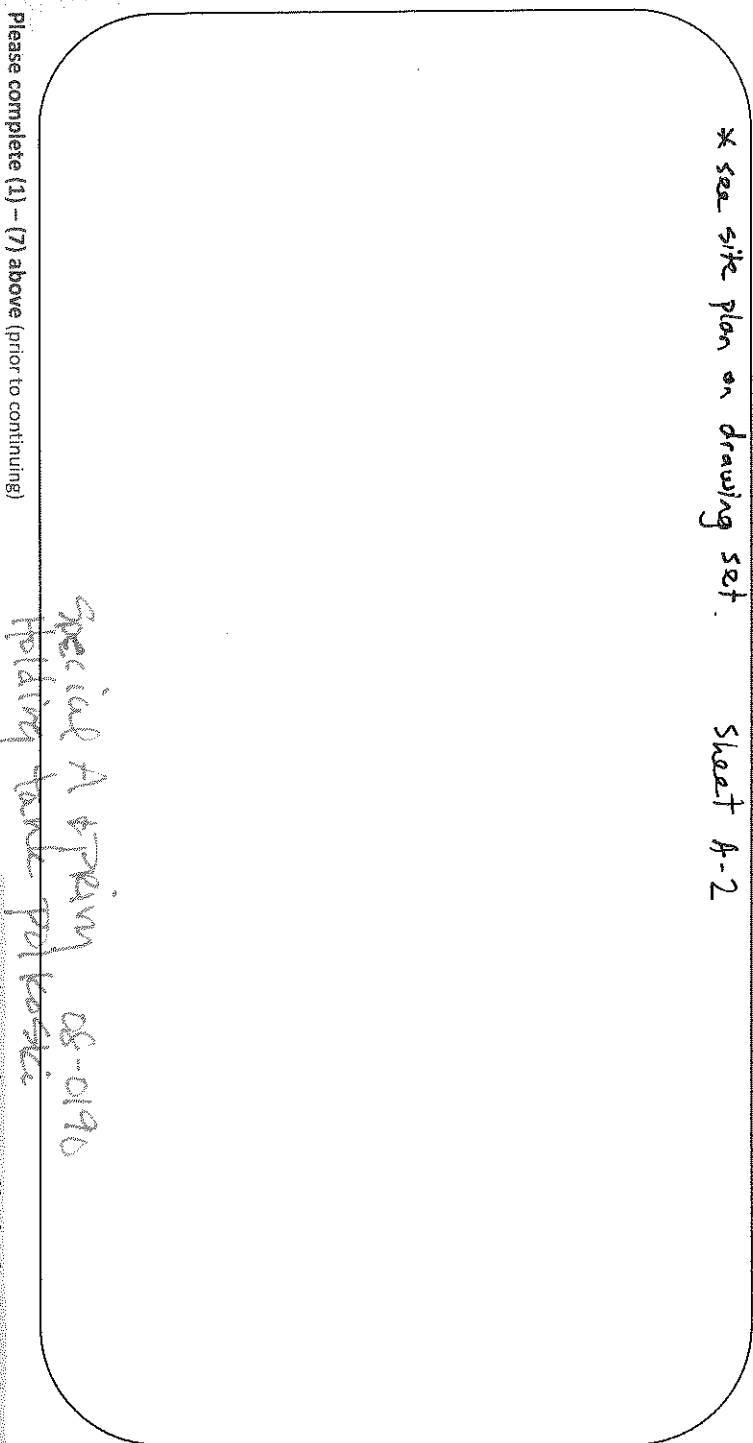
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
(If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

* see site plan on drawing set. Sheet A-2



Special A & B
Holding tank pole to septic

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	800 +- Feet	Setback from the Lake (ordinary high-water mark)	4000 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 +- Feet	Setback from the Bank or Bluff	175 +- Feet
Setback from the South Lot Line	90 +- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 +- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	85 +- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 +- Feet	Setback to Well	55 +- Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11745	# of bedrooms: 2500g	Sanitary Date: 8-8-11			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-03064		Permit Date: 7-14-17		IS cells attached			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Record: Foundation poured w/o permit. Violations abated by permit to remove of this permit (conversion of unit to non-habitable space). Permit to remove of this permit (conversion of unit to non-habitable space) issued w/o permit.		Zoning District: (F-1)			Lakes Classification: stream
Date of Inspection: 7-6-17-13-19	Inspected by: Muepitz	Date of Re-Inspection:		Date of Approval: 7-14-17			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
UDC permit & inspections required. Connection of Ponds to structure shall be made per code. Unit on property shall not be used for sleeping purposes w/o human habitation.							
Signature of Inspector:				Date of Approval: 7-14-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TIA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

City, Village, State or Federal
Permits May Also Be Required
After – the- Fact

LAND USE – X
SANITARY – Reconnect (11-74S)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0264** Issued To: **Robert Schlack**

Par in SE NE &

Location: **NE** ¼ of **SE** ¼ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [2 - Story; Residence (44' x 44') = 1,936 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit & inspections required. Connection of POWTS to structure shall be made by master plumber per code. Yurt on property shall not be used for sleeping purposes and/or human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date